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## **1 Who Must Pay Estimated Tax**

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Every corporation and combined group required to file a Business Profits and/or Business Enterprise Tax return must also make estimated tax payments, for each individual tax, for its subsequent taxable period; unless the annual estimated tax for the subsequent taxable period, for each individual tax is less than \$200. However, quarterly payments are required to be made whenever your **annual** estimated tax for the subsequent taxable period exceeds \$200 for either tax.

(See paragraph 6 for exceptions).

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## **2 Where to Mail Payments**

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Mail estimated tax payments to:

NH Dept of Revenue Administration  
Document Processing Division  
P.O. Box 637  
Concord NH 03302-0637

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## **3 When to Make Payments**

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CALENDAR YEAR FILERS:

1st quarterly payment due April 17, 2001  
2nd quarterly payment due June 15, 2001  
3rd quarterly payment due September 17, 2001  
4th quarterly payment due December 17, 2001

FISCAL YEAR FILERS:

A quarterly payment is due on the 15th day of the 4th, 6th, 9th, and 12th month following the close of your fiscal year.

**FISCAL YEAR FILERS MUST ENTER THE TAX YEAR ON EACH ESTIMATE FORM.**

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## **4 Payment of Estimated Tax**

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Estimated tax may be paid in full with the initial declaration or in equal installments on the due dates.

CHECKS ARE TO BE MADE PAYABLE TO:

**STATE OF NEW HAMPSHIRE.**

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## **5 Underpayment Penalty**

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A penalty may be imposed by law (RSA 21-J:32) for an underpayment of estimated taxes if the payments are less than 90% of that period's tax liability. If estimate payments are not made on time, even if 90% of the tax is eventually paid, an underpayment penalty may be applied. If an estimated payment is missed, send the payment as soon as possible to reduce any penalty.

**This penalty will not be imposed if any of the statutory exceptions apply.**

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## **6 Exceptions to the Underpayment Penalty**

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The penalty shall not apply if you meet one of the exceptions provided in the law (RSA 21-J:32). Please use Form DP 2210/2220 to see if you meet one of the exceptions or to compute the amount of the penalty. To obtain this form, please call the forms line at (603) 271-2192.

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## **7 Specific Questions**

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SPECIFIC QUESTIONS not covered herein should be referred to the Taxpayer Assistance Office, PO Box 637, Concord, N.H. 03302-0637. Telephone (603) 271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

**ESTIMATED CORPORATION BUSINESS TAX  
QUARTERLY PAYMENT FORMS**
**2001 Estimated Tax Worksheet (Keep for your records – Do not file)**

<b>1</b>	<b>ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS</b>	<b>BET(a)</b>	<b>BPT(b)</b>
a	BET Taxable Base after Apportionment.....		
b	NH Taxable Business Profits after Apportionment.....		
<b>2</b>	<b>TAX</b>		
a	Line 1(a) x .005.....		
b	Line 1(b) x .08.....		
<b>3</b>	<b>CREDITS</b>		
a	RSA 162-L, CDFA Credit.....		
b	RSA 77-A:5 (Please be sure to include the BET Credit).....		
<b>4</b>	Estimated tax for current year [line 2 less line 3(a) and/or 3(b)].....		
<b>5</b>	Overpayment from last year.....		
<b>6</b>	Balance of Business Taxes Due (line 4 less line 5).....		

**COMPUTATION and RECORD of PAYMENTS**

Date Paid	BET	Amount of each Installment (1/4 of line 6 of worksheet) BPT	Total Due (BET and/or BPT)	CALENDAR YEAR DUE DATES
1.....	\$.....	\$.....	\$.....	April 17, 2001
2.....	\$.....	\$.....	\$.....	June 15, 2001
3.....	\$.....	\$.....	\$.....	Sept. 17, 2001
4.....	\$.....	\$.....	\$.....	Dec. 17, 2001

**FORM INSTRUCTIONS**

- Line 1 Enter ¼ of the Business Enterprise Tax Calculated on line 6 in the tax worksheet above.  
 Line 2 Enter ¼ of the Business Profits Tax Calculated in the tax worksheet above.  
 Line 3 Enter the TOTAL payment sum of lines 1 and 2.

**IMPORTANT:**
**THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET.**
*(Cut along this line)*
**ESTIMATED CORPORATION BUSINESS TAX - 2001**

FOR DRA USE ONLY

 For the CALENDAR year **2001** or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_  
 Mo Day Year Mo Day Year

FOR DRA USE ONLY

PLEASE PRINT OR TYPE

NAME OF CORPORATION

NUMBER AND STREET ADDRESS

ADDRESS (continued)

CITY/TOWN, STATE &amp; ZIP CODE

 MAIL NH DEPT OF REVENUE ADMINISTRATION  
 TO: DOCUMENT PROCESSING DIVISION  
 PO BOX 637  
 CONCORD NH 03302-0637

FEDERAL EMPLOYER IDENTIFICATION NUMBER

¼ Business Enterprise Tax 1 \$

¼ Business Profits Tax 2 \$

Amount of This Payment 3 \$

 Make checks payable to: **STATE OF NEW HAMPSHIRE**  
 Enclose, but do not staple or tape, your payment with  
 this estimate. Do not file a \$0 estimate.

FORM

NH-1120-ES

702

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**ESTIMATED CORPORATION BUSINESS TAX - 2001**

FOR DRA USE ONLY

For the CALENDAR year **2001** or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_  
Mo Day Year Mo Day Year

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NAME OF CORPORATION

FEDERAL EMPLOYER IDENTIFICATION NUMBER

NUMBER AND STREET ADDRESS

ADDRESS (continued)

CITY/TOWN, STATE &amp; ZIP CODE

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DOCUMENT PROCESSING DIVISION  
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CONCORD NH 03302-0637

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Rev. 12/00

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FORM

NH-1120-ES

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NAME OF CORPORATION

FEDERAL EMPLOYER IDENTIFICATION NUMBER

NUMBER AND STREET ADDRESS

ADDRESS (continued)

CITY/TOWN, STATE &amp; ZIP CODE

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Rev. 12/00

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FORM

NH-1120-ES

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**ESTIMATED CORPORATION BUSINESS TAX - 2001**

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NAME OF CORPORATION

FEDERAL EMPLOYER IDENTIFICATION NUMBER

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